

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Ascol</i>		<i>08-04-01</i>
O.I.P.E. CLASSIFIER		<i>12/</i>	<i>4/25</i>
FORMALITY REVIEW	<i>A-S</i>	<i>943</i>	<i>5-17-1</i>
RESPONSE F RMALITY REVIEW	<i>SCB</i>	<i>1091</i>	<i>9-17-01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	10/24/03
2	✓	✓	11/11/03
3	✓	✓	11/11/03
4	✓	✓	11/11/03
5	✓	✓	11/11/03
6	✓	✓	11/11/03
7	✓	✓	11/11/03
8	✓	✓	11/11/03
9	✓	✓	11/11/03
10	✓	✓	11/11/03
11	✓	✓	11/11/03
12	✓	✓	11/11/03
13	✓	✓	11/11/03
14	✓	✓	11/11/03
15	✓	✓	11/11/03
16	✓	✓	11/11/03
17	✓	✓	11/11/03
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46	✓	✓	11/11/03
47	✓	✓	11/11/03
48	✓	✓	11/11/03
49	✓	✓	11/11/03
50	✓	✓	11/11/03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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DC-617  
 1-17-01